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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**Attorney Docket Number** WS-104

**First Named Inventor** Scott Goldthwaite

**COMPLETE IF KNOWN**

**Application Number**

**Filing Date**

**Art Unit**

**Examiner Name**

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM AND METHOD FOR MOBILE PAYMENT AND FULFILLMENT OF DIGITAL GOODS**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label **000027769** OR  Correspondence address below

AKC PATENTS, Aliki K. Collins, Ph.D.

Name

Address **215 Grove Street**

Newton City	MA State	02466 ZIP
USA Country	617-558-5389 Telephone	617-332-0371 Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :  A petition has been filed for this unsigned inventor

Given Name <b>SCOTT</b> (first and middle [if any])	Family Name or Surname <b>GOLDTHWAITE</b>
--	--

Inventor's Signature 	Date <b>04-Dec-2003</b>
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Hingham Residence: City	MA State	USA Country	US Citizenship
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Mailing Address **15 Oregon Court**

Hingham City	MA State	02043 ZIP	USA Country
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <b>WILLIAM</b> (first and middle [if any])	Family Name or Surname <b>GRAYLIN</b>
--	--

Inventor's Signature 	Date <b>12-4-03</b>
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Woburn Residence: City	MA State	USA Country	US Citizenship
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Mailing Address **229 Washington Street**

Woburn City	MA State	01801 ZIP	USA Country
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

PTO/SB/61 (06-03)

Approved for use through 11/30/2005. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	12/5/2003
First Named Inventor	Scott Goldthwaite
Title	System and Method for
Art Unit	
Examiner Name	
Attorney Docket Number	WS-104

I hereby appoint:



Practitioner(s) at Customer Number:



27769

PATENT TRADEMARK OFFICE

OR



Practitioner(s) named below:

Name	Registration Number
Alibi K. Collins	43558

as my/cour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:



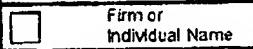
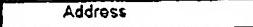
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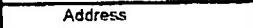


The address associated with Customer Number:

OR

Firm or  
Individual Name

Address



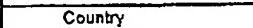
Address



City

State

Zip



Country



Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/GB/96)

## SIGNATURE of Applicant or Assignee of Record

Name	Scott Goldthwaite
Signature	
Date	Dec-01-2003
Telephone	281-569-0413

NOTE Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.51 and 1.53. The information is required to obtain or retain a benefit by the public which is in file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22312-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	12/15/2003
First Named Inventor	Scott Goldthwaite
Title	System and Method for
Art Unit	
Examiner Name	
Attorney Docket Number	WS-104

I hereby appoint:

 Practitioners at Customer Number:

OR

 Practitioner(s) named below:

PATENT TRADEMARK OFFICE

27769

Name	Registration Number
Aliki K. Collins	43558

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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 The above-mentioned Customer Number:

OR

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OR

<input type="checkbox"/>	Firm or/ Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

## SIGNATURE of Applicant or Assignee of Record

Name	W. Aliki K. Collins		
Signature			
Date	11/13/03	Telephone	781-569-0413

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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